



Instructions Provider Info. - Tables -ABCD

Changes to PATH Report 2009

In fall 2009, SAMHSA began a process to update PATH reporting. The intent of these changes is to:

- · Reduce reporting burden,
- More accurately capture the effect of the PATH program,
- Capture outcomes, and
- · Learn from technical and policy processes already vetted by other federal programs.

The changes below are a starting point to refine the reporting of data for the PATH program.

Reporting on all Persons Served/Enrolled PATH clients: Starting with the 2009 Report, PATH Providers will report on the total number of enrolled PATH clients, regardless of whether the services were provided by federal or match funds. In 2009, PATH Providers should NOT calculate the percentage of persons served with Federal path funds. This change will capture the full effect of the PATH program and reduce reporting burden. If information about the percentage of enrolled PATH clients is requested it can be extrapolated from the report.

Estimated Reporting Guidelines: PATH Providers are allowed to report either actual or estimated counts of enrolled PATH clients. Providers that indicate estimated counts are asked to explain the formula used to determine the estimates in the "warning explanation" box located in Table B under item B4. The purpose of this change is to encourage Providers to submit actual numbers as opposed to estimates.

Voluntary Outcome Measures: To support better understanding of the impact of the PATH program and respond to a performance based Congressional reporting environment, five optional outcome measures are added to Table C of the PATH report. PATH Providers are encouraged to report these optional outcome measures. However, completing these measures is not required to be in compliance with the Federal PATH legislation. See pages 12-15 and 36-40 of the provider guide for more information.

Changes to the Race/Ethnicity Question (D3): The categories in the Race/Ethnicity question have been changed to eliminate "other" and add "two or more races." Please see page 15 of the provider guide for more information.

Reminder: Table C, Community Mental Health Services (Table C, Item Cd): The number of enrolled PATH clients receiving community mental health services should include the number of enrolled PATH clients who were successfully linked to mental health services as a result of the PATH program. Even if the mental health services are not PATH funded the time and effort of the PATH worker is PATH funded. This does not apply to any other service specification such as Housing Services, Habilitation and Rehabilitation Service, etc. because these are reported in Table C, item Cj "Referrals for primary health services, job training, educational services, and relevant housing services." See page 11 of the provider guide for more information.

☐ I have read and understand the changes to the 2009 PATH report.

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Instructions (-Tables -Provide Trio A B C D

Table A: Budget Information

A1.	Total annual dollar amount for services dedicated to persons who are experiencing homelessness or risk of homelessness AND have serious		The commence of a constraint of the constraint o
	mental illnesses: (includes PATH, matching, and non-PATH funds).	0	Estimated
	Help ::	0	Actual
A2.	Federal PATH funds received from the State: Help		MIN (V) (N) (
		0	Estimated
		0	Actual
A3.	Match funds from State, local, or other resources to support the provision		111111111111111111111111111111111111111
	of PATH services: Help	0	Estimated
		0	Actual
A4.	The number of staff supported by federal PATH funds and match funds:	L	
	Help	0	Estimated
		0	Actual
A5.	The full time equivalent (FTE) of staff positions supported by PATH federal		
	funds and match funds: (Please see the definition of FTE in the <u>PATH</u> <u>Annual Report Provider Guide</u>) Help	0	Estimated
	——————————————————————————————————————	0	Actual
A6.	Indicate the type of organization in which the PATH program operates:		Help
	○ a. community mental health center		
	b. consumer-run mental health agency		
	C. other mental health agency		
	O d. other social service agency		
	O e. health care for homeless/other health agency		
	O f. substance abuse treatment agency		
	O g. shelter or other temporary housing resource		
	O h, other housing agency		
	O i, other		
	If other please specify:		









Table B: Persons Served

To the extent possible, the annual reporting information should include **unduplicated counts** of persons during the fiscal year. Information on persons served should also include individuals who had been, but are no longer receiving services from the provider. Please use the definition for PATH client provided in the <u>PATH Annual Report Provider Guide</u>. Please note that in this report, unless otherwise noted, report data on services provided, and persons served, by <u>federal</u>, not matching, PATH funds.

B1.	Persons who are homeless and have serious mental illnesses se			
	PATH funds <u>and</u> other sources.	Help	0	Estimated
			0	Actual
B2a.	Persons served by PATH federal and match funds outreach			
		Help	0	Estimated
			0	Actual
B2b.	Number of outreach contacts who became enrolled during the	The second of the second		
	PATH clients.	Help	0	Estimated
			0	Actual
B2c.	Number of outreach contacts who did not become enrolled du	_		
	year as PATH clients (Note: Item B2c = Item B2a - Item B2b)	Help	0	Estimated
			0	Actual
B2d.	Number of outreach clients (in Item B2c above) not enrolled bed			
	they have been found to be ineligible.	Help	0	Estimated
			0	Actual
В3.	Persons served by <u>PATH</u> enrolled PATH clients.			
	(Table B. Item B3)	Help	0	Estimated
			0	Actual
B4.	Total number of persons receiving any <u>PATH</u> -supported service the year.	es during		
	(Note: Item B4 = Item B2c + Item B3)	Help	0	Estimated
		•	0	Actual

Please explain any items for which you received warnings in the box below.

Please reference the item number(s).







A B C D

Table C: Available Services

The following services can be supported with PATH funds. Few PATH providers offer all of these services.

Please check the appropriate type of funding for each service. If the service is fully or partially PATH funded, please indicate the number of enrolled PATH clients who received each PATH funded service in the box to the right. If the service is not PATH funded or not provided enter zero (0) for number of clients. All numbers must be less than or equal to the number of enrolled PATH clients reported in Table B.

Number of Enrolled PATH Clients Reported in Table 8, Item 3 = 25

	Type of Service:		Number of Enrolled PATH Clients
Ca.	Outreach services:		Ca1.
	⊙ 100% PATH-Funded	O Partially PATH-Funded	25
	 Service Provided but not PATH-Funded 	O Service Not Provided	· ·
Cb.	Screening and diagnostic treatment services:		Cb1.
	→ 100% PATH-Funded →	O Partially PATH-Funded	
	Service Provided but not PATH-Funded	Service Not Provided	
Cc.	Habilitation and rehabilitation services:		Cc1.
	○ 100% PATH-Funded	O Partially PATH-Funded	
	○ Service Provided but not PATH-Funded	○ Service Not Provided	The state of the s
Cd.	Community mental health services:		Cd1.
	O 100% PATH-Funded	O Partially PATH-Funded	
	O Service Provided but not PATH-Funded	O Service Not Provided	LAMILLO CONTRACTOR OF THE STATE

Ce.	Alcoh	tol (or drug treatment services:			Ce1.
		0	100% PATH-Funded	0	Partially PATH-Funded	
٠		0	Service Provided but not PATH-Funded	0	Service Not Provided	
Cf.			ning, including the training of individua A programs, and other sites:	ıls v	/ho work in shelters, MH	
	_	0	100% PATH-Funded	0	Partially PATH-Funded	
		0	Service Provided but not PATH-Funded	0	Service Not Provided	
Cg.	Case	ma	nagement services:			Cg1.
	_	0	100% PATH-Funded	0	Partially PATH-Funded	
		0	Service Provided but not PATH-Funded	0	Service Not Provided	
Ch.	Suppo	ortiv	ve and supervisory services in resider	ntial	settings:	Ch1.
	_	0	100% PATH-Funded	0	Partially PATH-Funded	AUTON AUTON
		0	Service Provided but not PATH-Funded	0	Service Not Provided	
Ci.			for primary health services, job trainin housing services:	1g, e	ducational services, and	Ci1.
		0	100% PATH-Funded	0	Partially PATH-Funded	
		0	Service Provided but not PATH-Funded	0	Service Not Provided	
j1.	Housl	ng s	services: 1. Minor renovation expansion	ano	repair of housing:	Cj11.
	_	0	100% PATH-Funded	0	Partially PATH-Funded	· · · · · · · · · · · · · · · · · · ·
		0	Service Provided but not PATH-Funded	0	Service Not Provided	
j2.	Housi	ng s	services: 2. Planning of housing:			Cj21.
		0	100% PATH-Funded	0	Partially PATH-Funded	
	_	0	Service Provided but not PATH-Funded	0	Service Not Provided	

Cj3.	Housing services: 3. The costs associated with matching eligible homeless individuals with appropriate housing situations:					Cj31.	
	-)	100% PATH-Funded	0	Partially PATH-Fun	ded	
	(Э	Service Provided but not PATH-Funded	0	Service Not Provide	ed	
Cj4.	Housing	g	services: 4. Technical assistance in appl	ying	for housing assistance	œ:	Cj41.
	_)	100% PATH-Funded	0	Partially PATH-Fund	bet —	
	C	C	Service Provided but not PATH-Funded	0	Service Not Provide	d	*
Cj5.	Housin	g :	services: 5. Improving the coordination of	í hoi	using services:		Cj51.
	_)	100% PATH-Funded	0	Partially PATH-Fund	ied	
	()	Service Provided but not PATH-Funded	0	Service Not Provide	d	
CJ6.	Housing	g s	services: 6. Security deposits:				Cj61.
	_)	100% PATH-Funded	0	Partially PATH-Fund	led	
	C)	Service Provided but not PATH-Funded	0	Service Not Provide	d	
Cj7.	Housing	g s	services: 7. One-time rental payments to	prev	ent eviction;		Cj71.
	<u> </u>)	100% PATH-Funded	0	Partially PATH-Fund	led	- Taranta
	C)	Service Provided but not PATH-Funded	0	Service Not Provide	Ė	<u> </u>
			Voluntary Outcome Me				er of Enrolled TH Clients
Ck1. V permar		0	utcome Measure: 1. Housing (transitiona	al su	upportive or	Ck1a. A	ssisted
					Help	5	
						O Esti	
						O Actu	
						□ Not Ck1b. A	t Reporting ttalned

		O Estimated
		O Actual
		□ Not Reporting
Ck2. Voluntary Outcome Measure: 2. Income benefits:		Ck2a. Assisted
•	Help	
		O Estimated
		O Actual
		□ Not Reporting
		Ck2b. Attained
		O Estimated
		O Actual
		☐ Not Reporting
Ck3. Voluntary Outcome Measure: 3. Earned income (employment):	Hala	Ck3a. Assisted
	Help	
		O Estimated
		O Actual
		Not Reporting
		Ck3b. Attained
		O Estimated
		O Actual
		☐ Not Reporting
Ck4. Voluntary Outcome Measure: 4. Medical insurance or coverage plans (Medicaid Medicare and/or state/local plans):		Ck4a. Assisted
	Help	
		 Estimated
		O Actual
		□ Not Reporting
		Ck4b. Attained
		 Estimated
		O Actual
		□ Not Reporting
Ck5. Voluntary Outcome Measure: 5. Primary medcal care:	ar distri	Ck5a. Assisted
i. <u>!</u>	Help	
		O Estimated
		O Actual





Instructions Provider Info. A B C D

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Table D: Demographics

Include as much demographic information as is available on each enrolled PATH client. If demographic information is not available for certain data elements, enter the clients into the "Unknown" category for that data element. Some elements could change (i.e., age). Where available, information should show the status of the person at first contact, even if the first contact occurred in a prior fiscal year. However, for persons who have enrolled, left and then re-entered the service system, indicate status upon re-entry.

Total sum for each category (e.g. age) must be equal to Table 8. Item 83. Your entered Value = 25.

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D1ea. Age:		
	D1a. Less than 13 years: D1b. 13-17 years: D1c. 18-34 years: D1d. 35-49 years: D1e. 50-64 years: D1f. 65-74 years: D1g. 75 years and older: D1h. Unknown:	Numbers Reported are: Estimated Actual
D2ea. Gender:		
D3ea. Race/Ethnicity:	D2a. Male D2b. Female D2c. Unknown	Numbers Reported are: C Estimated Actual
D3a. D3b. D3c. D3d. D3e. D3f. D3g. D3h.	American Indian or Alaska Native Asian Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander White Two or More Races Unknown	Numbers Reported are: Contact Service

D4ea. Principal Mental Illness Diagnosis:

D5ea.	D4d. D4e. D4f.	Schizophrenia ar Other Psychotic Affective Disorde Personality Disor Other Serious Me Unknown or Und	Disorde rs ders ental IIIr iagnose	ers ness ed Mental Illness		0	bers Reported are: Estimated Actual
	05a, Co	o-Occurring Subst	ance U	se Disorders		Numi	bers Reported are:
[05b. No	o Co-Occurring Su	ıbstanc	e Use Disorders		0	Estimated
)5c. U	nknown If Substan	ce Use	Disorder		0	Actual
D6ea.	Vetera	n Status:					
			D6a.	Veteran		Numl	bers Reported are:
			D6b.	Non-Veteran		_	Estimated
			D6c.	Unknown		0	Actual
D7ea.	Housin	ıg Status (at first	contac	et):			
D7a. D7b. D7c. D7d. D7e. D7f. D7g. D7h. D7j. D8ea.	Outdoo building Short to Long te Own or or hous Hotel, S Halfwar prograr Instituti nursing Jail or o Other Unknow	ors (e.g., street, abg, automobile) erm shelter erm shelter someone else's ase SRO, boarding hot y house, residentian on (psychiatric or y home, etc.) correctional facility	partme use al treatr other ho	ed or public nt, room, ment ospital, s or in short term	n shelter at first o	0	pers Reported are: Estimated Actual
(i Otal	sum tor	this item must be D8a. D8b. D8c. D8d. D8e. D8e.	Les Two 31-9 91 o	s than 2 days to 30 days do days days to 1 year or 1 year		0 1	pers Reported are: Estimated Actual
D8f1. I	Date da	ta entry complet	ed.				(mm/dd/yy)

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